

**Monica J. Lindeen**

Commissioner of Securities & Insurance
Montana State Auditor
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Insurance License Address Change Form

Montana insurance statute 33-17-214(6), MCA, requires licensees to inform the Commissioner of Securities and Insurance (CSI), Insurance Department, *in writing*, of a change of address within 30 days of the change.

Make address corrections below; fax or return the completed form to the address above.

Name of Licensee or Business Entity: _____
(Complete a separate address change form if changing both an individual and a business entity address.)

Social Security Number: _____

License Number(s): _____

E-mail: (required) _____

Business Address: Section 33-17-110, MCA, states the street address of the place of business must appear on the license. This can also be a home address.

Street or physical address, City, State and Zip Code

Mailing Address: _____
Street or Post Office Box, City, State and Zip Code

Residence Address: _____
Street or Post Office Box, City, State and Zip Code
(Non-applicable for a business entity change.)

Telephone Number: Business: _____ Residence: _____

Fax: _____

Signature of Individual Licensee or Business Entity License Representative

Date